

## Application Number Filing Date **CLAIMS ONLY** Applicant(s) \* May be used for additional claims or amendments AFTER SECOND CLAIMS AS FILED AFTER FIRST AMENDMENT AMENDMENT Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend Indep Depend 55 74 76 Total Total Indep Indep Total Depend Depend Total Total Claims Claims